Pain Management of Medical-Surgical Patients at Homestead Hospital: The Role of Nurse-Patient Communication

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Introduction /Background

• Pain management is essential component of patient care within medical-surgical floors.
• Pain during hospitalizations has been associated with increased anxiety, depressed moods, and sleeplessness and therefore has serious implications for recovery (Bernhofer, 2011).
• Pain management during hospitalization is a complex process because patients with different diagnosis, backgrounds and cultures may perceive pain in various ways.
• During Unit Practice Council (UPC) meetings for MS4, members reviewed Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) pain control scores and found them to be suboptimal.

Project Goal

To create a UPC performance improvement project that would increase scores for MS4 on the HCAHPS “Pain well controlled” question.

Plan

• In March of 2011 MS4 UPC members discussed the HCAHPS data regarding pain control and began to drill-down on the possible root cause(s).
• In June of 2011, the UPC identified that improving nurse-patient communication regarding pain medications might improve performance.
• The UPC determined that the implementation of a pain medication communication sign, as recommended by the Studer Group, may be beneficial.
• The UPC members worked together on the design and contents of the sign.

Do

• The pain signs were implemented in July of 2011.
• The signs included: patient’s pain medications, pain goal, last time medicated, and time next dose was due.
• The signs were piloted in English, they were laminated so that they could be wiped clean.
• In December of 2011, basic non-pharmacological pain management nursing interventions were added.
• An educational poster depicting alternative comfort measures for pain management was displayed at the nurses’ station as a reference for staff.

Check

• Prior to the initiation of the pain signs, scores for MS4 on the HCAHPS “Pain well controlled” question averaged at the 60th percentile for the two quarters representing January – June of 2011.
• After the initiation of the pain signs and comfort measures, there have been 9 out of 11 quarters of scores above the 90th percentile with an average score of 92% for the period of July 2011 – March 2014.

Act

• The implementation of the nurse-patient communication intervention using pain signs and comfort measures was an immediate success.
• Gail Gordon, RN, VP and CNO of Homestead Hospital advocated for the endorsement of the pain sign to the Patient Care Leadership (PCLC), which consisted of CNOs across the system.
• The system-wide Signs and Symbols ACT collaborated with PCLC on revising the pain sign to meet all privacy and patient- and family-centered care guidelines.
• In September 2013, the Signs and Symbols ACT approved the pain sign and rolled it out to all the entities with an accompanying What-You-Need-To-Know (WINK) document.

References


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